



Connecticut Department of Emergency Management and Homeland Security

Approval of Activation of Community Emergency Response Teams (CERT) Under Title 28

Activation for: Emergency / Training / Pre-planned Event (Circle one)

Requested By: _____ (Be sure to include first and last name, title, and town requesting)

Date of Emergency/Training/Event : _____

Starting Time of Emergency/Training/Event: _____ Ending Time of Emergency/Training/Event: _____

Location of Emergency/ Training/Event: (street address, town, state, zip code)

Reason for the Emergency/Training/Event:

Specific details of the proposed activities to be taken:

_____/_____/_____: Signature of EMD: _____ Date

_____/_____/_____: Signature of DEMHS CERT Team Coordinator: _____ Date

_____/_____/_____: Signature of Regional Coordinator _____ Date

_____/_____/_____: Signature of DEMHS Commissioner/DC/Director: _____ Date

RECOMMEND: YES NO (Circle One) If training or event.

If no, please explain: _____

RECOMMEND: YES NO (Circle One)

If no, please explain: _____

☐ Approve

☐ Disapprove

[illegible]

By signing the names of the Team members, the local EMD is certifying that these members have received appropriate training under the Local Citizens Corps organization, and have been sworn in under Conn. General Statute 28-12 or are in training to be sworn in under that section. If the request is an imminent emergency, the local EMD will orally request the approval of the Regional Coordinator and then follow up with a written request as soon as possible but not more than 24 hours after the initial request is made. The local EMD will maintain a log of all requests submitted to DEMHS for review.



Log-CERT:

Town Requesting Approval for CERT Activation/Training: _____

[illegible]